Cobb County
Business License Division
Vehicle For Hire Application
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Cobb County
Business License Division
191 Lawrence Street
Marietta, GA 30060-1692
Phone 770-528-8410
Fax 770-528-8414

Web site Address –www.cobbcounty.org

# Vehicle for Hire Check off list and Application

- $\Box$  1. This application will not be accepted if not complete in its entirety with <u>all</u> attachments.
- 2. Application and attachments must be typed or legibly written in black ink and every question must be completed. Provide one original and one copy of all applications and attachments. All dated material submitted must not bear a date more than 30 days prior to submission.
- □ 3. A personal statement must be completed by the licensee and each shareholder with 20% or more ownership.
- Provide two pictures of the licensee and each shareholder with 20% or more ownership.
   Photographs must be passport size. (2"x2")
- 5. Persons that were not born in the U.S. must provide **original** Immigration Card I-551 to the Business License Staff. Naturalized citizens must provide their **original** certificate of naturalization to the Business License Staff. If otherwise admitted into the United States, please provide original INS documents. This applies to the licensee, each owner, each partner, and each stockholder with 20% or more ownership, <u>and their spouses</u>. (Passports will not be accepted.)
- □ 6. If a corporation or LLC, provide copies of stock certificates (front and back) in numerical order and minutes of meetings on all stock transfers except for publicly traded companies.
- 7. Provide proof of insurance on each vehicle in business. Proof of insurance must be in form of declaration page for policy which must show all coverage amounts and all vehicles covered by vehicle identification number (VIN). Insurance must be in name of vehicle for hire company for each vehicle. Proof of insurance must indicate vehicle identification number, make and model of vehicle, insurance expiration date and amount of coverage. Insurance must be issued by an insurance company that is authorized to do business in the State of Georgia. If the insurance company has not been previously approved by a county attorney, a copy of the policy must be sent to a county attorney and approved before the application can be processed.

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- 8. Provide a copy of the insurance *policy jacket* which includes the policy contract for all vehicles covered by insurance.
- 9. Provide completed insurance verification form (Questionnaire). This form is attached and is to be completed and signed with notary by your insurance agent. A list of insured vehicles must accompany this form, whether your company has 1 or 50 cars.
- 10. Provide two pictures of <u>EACH</u> vehicle. <u>FOR TAXICABS</u> – One picture must clearly show that each vehicle complies with Cobb County Code Section 126-121's requirements for permanent signage on outside of vehicle. Other picture must show rear of vehicle including tag. **Tag must be readable.** <u>FOR LIMOUSINES</u> - Provide two pictures, one showing side view and one showing rear view including tag. **Tag must be readable.**
- 11. Provide a seven (7) year driver's history of each shareholder/partner/stockholder with 20% or more ownership and licensee residing in the State of Georgia. This can be obtained from any Georgia State Patrol Post. A list of local Georgia State Patrol Posts is enclosed for your convenience (Page 23). If any of the above do not live in Georgia, a seven (7) year driver's history must be obtained from their state of residence.
- □ 12. Provide current vehicle registration (current tag receipt) in company name and to business address for each vehicle.
- □ 13. Provide notarized consent form for each owner/partner/stockholder with 20% or more ownership and licensee and their spouses. Two forms have been provided; copy as necessary. (Pages 19-20)
- □ 14. Provide signed affidavits from each owner/partner/president or CEO and licensee with notary regarding safety standards. (Page 21)
- □ 15. Provide a notarized purchase agreement, if you are buying an existing establishment.
- 16. Provide a copy of a notarized lease between you and the property owner or proof of ownership of building or location of business.
- 17. The Zoning designations for businesses located within unincorporated Cobb County must be indicated on page 14 of the Vehicle for Hire application. The Drafting Section of the Planning Division must sign the application indicating the Zoning designation. The Cobb County Planning Division is located in the basement of 191 Lawrence Street, Marietta, GA 30060-1692.
- □ 18. Administrative fee \$ 100.00.
- □ 19. Please provide two fingerprint cards with your application and a money order for \$24.00 made payable to the GBI, Georgia Bureau of Investigation. (Fingerprint cards are available at the Business License office)
- 20. License fees and vehicle sticker fees must be paid before the license can be issued. Payment must be made within fourteen days after approval of application or the license is void. The license fee for businesses located in Unincorporated Cobb County is based on estimated gross revenue. The permit stickers are \$50.00 per vehicle for vehicles which have not previously been issued a Cobb County Sticker. Please

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contact the Business License Division for exact fee amounts. Penalties and interest will be assessed by law for operating in Cobb County without a license and permit sticker.

- 21. Each vehicle must be brought to the Cobb County Business License Division Main Office at 191
   Lawrence Street for the vehicle sticker to be placed on the vehicle.
- 22. For your information vehicle for hire drivers must apply for a permit through the Cobb County Police Permit Unit located at 154 North Marietta Parkway, Marietta, GA 30060 Phone 770-499-3943. Drivers/owners must provide proof of payment of Business License fees to the Permit Unit in order to obtain a driver's permit. Drivers/owners must show their driver's permit to the Business License Division before obtaining permit stickers.
- 23. Provide W2 or 1099 for all drivers. All drivers that are not W2 Employees of the company are considered self-employed and are required to obtain a separate business license as an independent contractor.

### Application Procedure:

Upon receipt of a completed application with all required attachments, the Business License Division will send the application to the Cobb County Police Permit Unit for investigation. Each application will require a minimum of two weeks and as much as sixty days for investigation by the Cobb County Police Permit Unit. No action can be taken in regard to the application until the Cobb County Police Permit Unit's investigation has been completed. After receipt of the investigation report, and provided no additional information is required, the application will be considered by the Business License Division Manager. This decision will not be performed in a hearing. This decision will be based solely on the application's compliance with the Official Code of Cobb County Georgia. Notification of the decision will be in writing. If the application is approved, the license fee must be paid within two weeks of date of notification. If the application is denied, the applicant will have ten days to appeal the denial to the License Review Board. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The meeting will be conducted in the Purchasing Building Bid Room, on the second floor at 1772 County Services Parkway, Marietta, Georgia.

Pursuant to the decision of the Business License Division Manager and the appropriate filing of an appeal, the application will be scheduled for the next available hearing. However, appeals must be received a minimum of two weeks in advance of a License Review Board meeting. All decisions of the License Review Board are final unless appealed to the Board of Commissioners within thirty days of the decision of the License Review Board.

If there are any questions regarding the vehicle for hire application, please contact the Cobb County Business License Division at 770-528-8407.

The licensee must maintain daily dispatch log sheets for a minimum of one year on the licensed premise. Dispatch logs shall indicate the number of passengers, time, place of entry, destination of passengers, and amount charged. Personal property left in the vehicle shall be itemized and be available at the vehicle for hire business during business hours, which are to be no less than 7:00am to 7:00pm, seven days per week.

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# Cobb County Business License Division 191 Lawrence Street Marietta, GA 30060-1692 Phone 770-528-8410 Fax 770-528-8414

-	Date Received:				
	Copy to Police Department:				
I	Date Letter Received From PD:				
(	Consideration Date:				
	Business License Manager: Approved ( ) Denied ( )				
I	License Review Board: Approved ( ) Denied ( )	) Date :			
	Board of Commissioners: Approved ( ) Denied (	) Date:			
Lic	ense Number:				
Ne	w ( ) Change of Ownership ( ) Date:				
1.	Type of Business:		_		
2.	Business Name:				
	Business Address:	Business Phone #			
		ress_			
	L-Mail Addie	css	-		
	City: Stat	ate: Zip:			
3.	Provide the address and attach pictures, inside and to 7:00pm and any additional hours that any vehicl operated. *A dispatcher must be included in this st communicating with passengers and/or drivers. (do	staff and have access to a radio for the purpose of			
	Street	City, State, Zip			
4.	Please provide the name, address and telephone nu Cobb County, for the purpose of serving process: (c	·			
	Name:	<u> </u>			
	Address:	Phone #	_		

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5 Mailing Address:

. Mailing Address:		
City:	State:	Zip:
Licensee Full Name:	Title:	SSN#
Business Phone:	Home Phone:	_ Alternate Phone/Cell:
Home Address:		(required)
City:	State:	Zip :
. Type of Ownership: Sole Proprie . If Sole Proprietor - Owner's Nam	LLP() LL	C ( )
Social Security #		
Home Address:	Hc	ome Phone:
City:	, State:	Zip:
E-mail Address:	Cell Phone #	
. If Partnership or Limited Liability	Partnership	
Partnership or LLP Name:		
Name of partner/member:		Social Security #
Date of Birth:	Percentage of Ow	nership:
Home Address:		Home Phone:
City:	State:	Zip:
E-mail Address:	Cell Phone #	
Name of partner/member:		_Social Security #
Date of Birth:	Percentage of Ow	nership:
Home Address:		Home Phone:
City:	State:	Zip:
E-mail Address:	Cell Phone	#

 $<sup>{</sup>f *}$  Include additional partners/members on separate attachment  ${f *}$ 

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10. If Corporation or Limited Liability Company

	Corporation or LLC Name:		
	Corporation Address:		Corporation Phone #
	E-mail Address:		Fax #
۹.	President/member:		Percentage of Ownership:
	Date of Birth:	SS#: _	
	Home address:		Home Phone:
	City:	, State:	Zip:
	E-mail Address:	Ce	Il Phone #
В.	Vice President/member:		Percentage of Ownership:
	Date of Birth:	SS#: _	
	Home address:		Home Phone:
	City:	, State:	Zip:
	E-mail Address:		_ Cell Phone #
С.	Secretary/member:		Percentage of Ownership:
	Date of Birth:	SS#: _	
	Home address:		Home Phone:
	City:	, State:	Zip:
	E-mail Address:		_ Cell Phone #
D.	Treasurer/member:		Percentage of Ownership:
	Date of Birth:	SS#: _	
	Home address:		Home Phone:
	City:	, State:	Zip:
	E-mail Address:		Cell Phone #

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# **Vehicle Information Form**

11.	. Complete the requested each vehicle.) When add		•	onal pages if necessary for disclosure on this page.
A.	Was the vehicle permitted	by Cobb County last	year? Yes ( ) 1	No ( )
	If yes, please provide the (Failure to provide sticker			cobb County last year. #er charge).
В.	Make of vehicle:		Model:	Year:
C.	Vehicle identification num	ber (VIN):		
D.	Color:		Tag #:	
E.	Indicate the maximum nu	ımber of seating capa	city <u><b>behind</b></u> the dr	iver:
F.	Is the vehicle a van?			
G.	Name of insurance comp	any holding policy:		
	Name of agent and addre	ess:		
Н.	Policy Number:			_Expiration of policy:
Se				as provided in Cobb County Code erating as a vehicle for hire for the
12.	. Indicate the amount of c	overage on this vehicl	e:	
A.	\$	Per death or bodily i	njury per person –	expires
В.	\$	_ Per death or bodily	injury per occurrer	nce – expires
C.	\$	_ Per personal proper	ty damage – expir	es
D.	\$	_ Per personal injury	protection – expire	S

<u>Upon approval</u> all vehicles must be brought to the Cobb County Business License Division, 191 Lawrence Street, Marietta for the sticker to be placed on the vehicle.

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VEHICLE NUMBER:
-----------------

# **Vehicle Information Form**

		Venicle 1		
13.	. Complete the requested information on each vehicle. (Use additional pages if necessary for disclosure on each vehicle.)			
A.	Was the vehicle permitted by Cobb County last year? Yes ( ) No ( ) If yes, please provide the sticker number for this vehicle issued by Cobb County last year. # (Failure to provide sticker number will result in a new vehicle sticker charge).			
B.	Make of vehicle:		Model:	Year:
C.	Vehicle identification nu	ımber (VIN):		
D.	Color:		Tag #:	
E.	Indicate the maximum	number of seating capa	acity <u><b>behind</b></u> the drive	r:
F.	Is the vehicle a van?			
G.	Name of insurance com	pany holding policy:		
	Name of agent and add	ress:		
Н.	Policy Number:		Ex	piration of policy:
Sec				provided in Cobb County Code ing as a vehicle for hire for the
	nirty- day notice must be ses or is cancelled.	e provided to the Busine	ess License Division bet	fore a policy on any vehicle
14.	Indicate the amount of	coverage on this vehicl	e:	
A.	\$	Per death or bodily inju	ury per person – expir	es
B.	\$	_ Per death or bodily in	jury per occurrence –	expires
C.	\$	_ Per personal property	damage – expires	
<u>Up</u>	\$on approval all vehicles eet, Marietta for the stick	must be brought to t	he Cobb County Busir	ness License Division, 191 Lawrence

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Staple two photographs of vehicle below showing vehicle tag and compliance with all requirements of vehicle for hire. One picture must have view of vehicle tag for this vehicle. Tag must be readable.

SIDE

REAR(TAG MUST BE READABLE)

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Staple two photographs of vehicle below showing vehicle tag and compliance with all requirements of vehicle for hire. One picture must have view of vehicle tag for this vehicle. Tag must be readable.

SIDE

REAR(TAG MUST BE READABLE)

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corporation or LLC, list all stockholders with 20 percent or more ownership in the corporation or LLC. clude name, date of birth, social security number, address, and number of shares owned by each. each all stock certificates (front and back) to application.				
<u>ne</u>	<u>DOB</u>	Social Security	<u>Address</u>	# Shares
vested inte	erest in any other v	ehicle for hire business	in the state of Georgia	
		<u>-</u> '		Corporation having any
<u>Corporate</u>	<u>Name</u>	Business Addr	<u>ess</u>	% Owned
		ition held, social securit r with more than twent		
Lucii oiik				
	any partr vested integive comp	s any partner, corporation, st vested interest in any other vegive complete name, address	any partner, corporation, stockholder in the corpor vested interest in any other vehicle for hire business give complete name, address, and percentage of over the complete that is the corporation of the	Social Security Address  The social Security Address  Social Security A

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	ehicle of the business hav o ( ) If yes, indicate whi			
indicate the granting au	ehicle of the business rou e location and attach writt of thority to licensee to ope al stand is utilized by the	ten permission from the rate from a stand. (Th	e property owne	er or person responsible
indicate the granting at an addition	e location and attach writt orthority to licensee to ope	ten permission from the rate from a stand. (The business.)	e property owne is must be updat	er or person responsible ted annually and whene

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22.	State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.			
	<u>Name</u>	Business or ID Number or SSN Business address		
		charge or offense pending against any owner, manager, or stockholder with twenty		
	percent or mo	ore interest or licensee? Yes ( ) No ( ) If yes, give full details and final disposition		
04	Has any pers	on having interest in this business ever been:		
۷٦.	rias ariy pers			
		A. Arrested Yes ( ) No ( ) B. Convicted Yes ( ) No ( )		
		C. <b>Detained</b> Yes ( ) No ( ) D. <b>Indicted</b> Yes ( ) No ( )		
		E. Pled Guilty Yes ( ) No ( ) F. Pled Nolo Contendre Yes ( ) No ( )		
		G. On Probation Yes ( ) No ( )		
		H. If you answered "YES" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)		

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25.	Indicate the number of moving traffic violations of any employee, owner, partner, officer, manager, stockholder with twenty percent or more ownership, or licensee of the business within twelve (12) months preceding the date of this application.
26.	If in unincorporated Cobb County, how is the proposed property zoned?
	Approved by Zoning Division staff member
27.	Indicate owner of building and owner of property. Give name, address and phone number.

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Georgia, Cobb County	
I,, being duly statements stated by me in the above and foregoing armade herein and none were made in order to produce	y sworn according to law, do swear that the facts and answers are true. False or fraudulent statements are not e the granting of such a license.
I further certify that I will notify Cobb County Business Licensee, ownership, or any change that is required by	
Signature of Applicant	
Sworn to and subscribed before me this	day of, 20
Notary Public Date	
Signature and title of person other than applicant filling out this application.	
Telephone	
All Questions Me	<u> Must Be Answered</u>
Received in Cobb County Business License Division on	ı at
Ву	
Business License Clerk	Date

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# Owner/ Licensee Personal Statement (A photo of applicant must be attached)

1.	Full name of (Do Not Use Initials) Include maiden name(s), alias(s), etc.			
2.	2. Georgia Drivers License Number:			
3.	S. Social Security NoBusiness Phone_	Home Phone		
	Fax #E-Mail Address	Cell Phone #		
4.	. Home Address:			
5.	. Business Address:			
6.	s. Race: Sex: Height:	Weight:		
	Age:Color of Hair:Col	or of Eyes:		
7.	7. Place of Birth:Dat	e of Birth:		
	U.S. Citizen by(please check one): Birth	Naturalization		
	If naturalized: Date, Place, and Court:	Certificate #		
	Petition # Deri	ved Parents Certificate #'s		
	If not a citizen: Alien Registration #:	Native Country:		
	Date and port of entry:			
	If you are not a citizen and do not have an I-551 country?	ard, under what authority are you legally in this		
	*MUST PROVIDE ORIGINAL IM	MIGRATION DOCUMENTS*		
8.	8. How long have you resided in the State of Georgia	?		
9.	. How long have you resided in Cobb County?			
10.	10. Number of years resided at your present address?			
11.	11. What is the title of your position with the business submitting this license application?			

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12. Do you have any financial interest or are you employed in any vehicle for hire business other
Than the business submitting the license application of which this personal statement is a part'
If yes, give name, location, and the amount of interest in each.

13. List occupation(s) for the past ten years.

From Month/ Year	<b>To</b> Month/ Year	Duties Performed	Employer (Name, address and telephone number)	Reason for Leaving	Salary

14. List residences for past ten (10) years.

<b>From</b> Month/ Year	<b>To</b> Month/ Year	Address	City	State

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15 . Have you ever been:

	A. Arrested Yes ( ) No ( ) B. Convicted Yes ( ) No ( )
(	C. <b>Detained</b> Yes ( ) No ( ) D. <b>Indicted</b> Yes ( ) No ( )
	E. Pled Guilty Yes ( ) No ( ) F. Pled Nolo Contendre Yes ( ) No ( )
(	G. On Probation Yes ( ) No ( )
 	H. If you answered "YES" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)
I,understand that an	, do solemnly swear, that the foregoing statements are true. I y falsehoods are grounds for automatic dismissal of this application.
•	at I will notify the Cobb County Business License Division of and changes effecting my ion with this company.
Applicant Signature	e, (Full name in ink)
Notary Public	

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# TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

# **CONSENT FORM**

I HEREBY AUTHORIZE <u>COBB COUNTY BUSINESS LICENSE</u> TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

		FULL NAME PRINTED	
		STREET ADDRESS	
		CITY, STATE, & ZIP	
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
		SIGNATURE	
	NOTARY PUBLIC		DATE

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# TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

## **CONSENT FORM**

I HEREBY AUTHORIZE <u>COBB COUNTY BUSINESS LICENSE</u> TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

		FULL NAME PRINTED	
		STREET ADDRESS	
		CITY, STATE, & ZIP	
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
		SIGNATURE	
	NOTARY PUBLIC		 DATE

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# **AFFIDAVIT**

I,	, owner, partner, president, or CEO of
a vehicle for h	ire or taxicab business do swear or affirm that the vehicles listed in the vehicle for hire o
taxicab applica	tion, vehicle sticker permit application, or renewal application, which includes all the vehicle
operating for t	he above stated business in Cobb County, meet or exceed the requirements and standards
approved by the	ne Board of Commissioners for vehicle for hire/ taxicab pursuant to section 126-120 of the
Official Code of	f Cobb County. I further swear or affirm that all vehicles will be maintained in compliance witl
requirements a	and standards adopted pursuant to section 126-120 of the Official Code of Cobb County.
further underst	tand that false statements made in this affidavit or vehicle for hire/ taxicab application wil
result in denia	l or revocation of the license and vehicle stickers for the vehicles of the business. I also
understand tha	t failure to maintain all vehicles of the business to all requirements and standards adopted by
the Board of Co	ommissioners pursuant to section 126-120 of the Official Code of Cobb County will result in civi
and/or crimina	action against me individually and suspension, denial, or revocation of the business license
and vehicle st	icker permits. All statements in the affidavit are true and made this day o
, 20	
Signature of ov	vner, partner, president, or CEO
Notary Public	Date

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# Cobb County Business License 191 Lawrence St. N.E. Marietta, GA 30060 Phone (770) 528-8410 Fax (770) 528-8414

# INSURANCE VERIFICATION FORM

Agen	Name:	Agency Name:	
Agen	Business Address:	Agent Business Phone	
Agen	Agent E-mail Address: Agent's Fax #		
showi declar attacl Divisi	ng the policy number, the amounts of cration of covered vehicles identified by led to declaration page. Declaration page	documents from your insurance agent; a declaration page coverage, and beginning & expiration date of the policy. A VIN must either be printed on the declaration page or page age must indicate that the Cobb County Business License ncellation of the policy. A copy of the policy must accompany	
		ETE THE FOLLOWING QUESTIONNAIRE BEFORE WE R A BUSINESS LICENSE AND/OR VEHICLE STICKER.	
(1)	How many insurance policies does this vagency?		
(2) (3)	Does this vehicle for hire applicant have	is business showing any Policy Number multiple policies on any vehicle? YES or NO y and any applicable policy number	
(4)	Are all policies held by this vehicle for conduct business in the State Of Georgia If no, explain:	or hire applicant, written by insurance companies authorized to ? YES or NO	
(5)	Is this policy or any policy currently held Line" insurance law? YES or No.	by this vehicle for hire applicant written under the "Surplus	
(6) (7)	hire"? YES or NO	oproved by the insurance company to operate as a "vehicle for	
(8)	Check the following in regards to payme  (a) Six Month Policy (paid in advant)  (b) One Year Policy (paid in advant)	nce) ce)	
(0	c) Sixty Day Binder (coverage contingent u (d) Other (explain)	pon monthly payments)	
(9)	Name the <b>individual</b> that pays the premi	um on this policy.	
under	estand that any falsehoods or omissions estand that falsification or omission of infagainst me individually and the insurance	lo solemnly swear that the foregoing statements are true. I are grounds for automatic dismissal of this application. I formation in this statement may result in civil and/or criminal ce company that I represent.	
Signa	ture of Insurance Agent or Authorized Repre	esentative	
Notar	y Public	DATE	

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# Metro Atlanta Dept. of Motor Vehicles

Updated 1/29/03

## Marietta

1605 County Services Pkwy Marietta, GA 30008 770-528-3250

2800 Canton Road, Suite 1000 Marietta, GA 30066 770-528-5400

#### Canton

1085 Marietta Highway Canton, GA 30114 770-720-3693

# **Forest Park**

5036 Georgia Highway 85 Forest Park, GA 30297 404-669-3961

# Lawrenceville

567 Swanson Drive Lawrenceville, GA 30043 770-995-6890

#### Cartersville

1300 Joe Frank Harris Parkway Cartersville, GA 30120 770-387-3700

# Villa Rica

746 W. Bankhead Highway Villa Rica, GA 30180 770-459-3637